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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200002		CHY	OR TOWN	NANTUCI	NE I
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 12 WEST	MIACOMET GO		T INC.			
CITY/TOWN: NAN	TUCKET	STATE: MA	Z	IP CODE:	02554	
MANAGER: COST		PE OF LICENSE: Cl				All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADD	PRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:				
CLUB HOUSE FOR I					AR & GRILL	
I hereby certify and sw	vear under penaltie	s of perjury that:				
1. the renewed	d license will be of	the same type for the	same p	oremises now	licensed;	
2. the licenses	e has complied with	h all laws of the Com	nonwea	alth relating t	to taxes; and	
3. the premise	es are now open for	business (If not expl	ain belo	ow)		
SIGNED BY	Individual, Partne	r or Authorized Corp	orate O	fficer		
DATE:	TELEPHON	NE NUMBER:	(			FION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the hea	d of the	e fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOC By:	CAL LICENS	SING AUTH	ORITY



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LICENSE NU	MBER: 076200011		CITY OR TOWN NANTU	CKET
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: BOXONTHEROC	K, LLC		
DOING BUSI	NESS A THE CHICKEN I	BOX		
ADDRESS 6	DAVE ST.			
CITY/TOWN	: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER:	JORDAN, JOHN N. TYF	PE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	SES:		
ONE FLOOR	, DINING ROOM AND BA	R. 612 SQ FT DECK	TO WEST END OF BUILD	ING
I hereby certif	y and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the s	same premises now licensed;	
2. the	licensee has complied with	all laws of the Comm	onwealth relating to taxes; and	d
3. the	premises are now open for	business (If not explai	in below)	
SIGNED BY		or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004,	, signed by the building ins	pector and the head	certificate required by Cha of the fire department for tl ance required by Chapter 1	he above
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROV	·			
(If disapprove	u expiain)			
			-	
DATE:				
	D DENIEWAL MUST DE EU ED DV L	CENCEES DUDING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 S	D 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200035		CITY OR TOV	WIN MANTUC	NE I
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	NANTUCKET A	ANGLERS CLUB, IN	IC.		
DOING BUSINESS A	NANTUCKET	ANGLER'S CLUB			
ADDRESS 1 NEW W	HALE STREET				
CITY/TOWN: NAN	TUCKET	STATE: MA	ZIP CODE	2: 02554	
MANAGER: LEMA	A, BONNIE T	YPE OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF L					
SECOND FLOOR OF			ROOMS & REST	ROOMS.	
I hereby certify and sv	•				
		of the same type for the			
	=	ith all laws of the Cor		ng to taxes; and	
3. the premise	es are now open fo	or business (If not ex	plain below)		
SIGNED BY	Individual Partn	er or Authorized Cor	norate Officer		
	marviauai, i artii	er of Authorized Cor	porate Officer		
DATE:	TELEDITO	ANIE NILIMDED.	EMPLO	YER IDENTIFICA	ΓΙΟΝ NUMBER:
	TELEFIC	NE NUMBER:		☐ Individual Social S	
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building i	inspector and the he	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	<b>-</b>		By:		
DISAPPROVED:					
(If disapproved explai	n)		-		
DATE:					
•					



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APPLICATION FOR RENEWAL:	nnual LICENSED FOR 2013
C	LASS YEAR
LICENSEE NAME: SIDNEY & ROBERT HEND	DERSON PO.8608 VFW U.S.INC
DOING BUSINESS A	
ADDRESS 22 BUNKER ROAD	
CITY/TOWN: NANTUCKET STAT	E: MA ZIP CODE: 02554
MANAGER: PATERSON, TYPE OF LIC	CENSE: Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
CEMENT BLOCK AND BRICK BLDG,ONE STO	RY,6 ROOMS
I hereby certify and swear under penalties of perjury	
1. the renewed license will be of the same ty	
2. the licensee has complied with all laws or	_
3. the premises are now open for business (	If not explain below)
SIGNED BY Individual, Partner or Author	ized Corporate Officer
DATE.	
DATE: TELEPHONE NUMBER	ER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an	(Note: NOT Individual Social Security Number) sion (1) the certificate required by Chapter 304 of the
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.  Please Check Below:	(Note: <u>NOT</u> Individual Social Security Number) sion (1) the certificate required by Chapter 304 of the d the head of the fire department for the above
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.  Please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number) sion (1) the certificate required by Chapter 304 of the dd the head of the fire department for the above bility insurance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.  Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT Individual Social Security Number) sion (1) the certificate required by Chapter 304 of the dd the head of the fire department for the above bility insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.  Please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number) sion (1) the certificate required by Chapter 304 of the dd the head of the fire department for the above bility insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.  Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT Individual Social Security Number) sion (1) the certificate required by Chapter 304 of the dd the head of the fire department for the above bility insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possess Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.  Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT Individual Social Security Number) sion (1) the certificate required by Chapter 304 of the dd the head of the fire department for the above bility insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NU	MBER: 076200040	(	CITY OR TOWN NANTUC	CKET
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: THE SANK	ATY HEAD GOLF CLUB, I	NC.	
DOING BUSI	NESS A			
ADDRESS SA	ANKATY RD.			
CITY/TOWN:	: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER:	KURATEK, ROBERT	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED PI			
	R; CLUB ROOM,KI' LOCKER ROOMS, S		EPTION ROOM,BASEMENT	Γ; LADIES
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the same	ame premises now licensed;	
2. the	licensee has complie	d with all laws of the Commo	onwealth relating to taxes; and	l
3. the	premises are now op	en for business (If not explain	n below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpora	ate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			Ву:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 076200053		CITY OR T	ΓOWN	NANTUCK	ET
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS SURFSI	DE RD.					
CITY/TOWN: NA	NTUCKET	STATE: MA	A ZIP CO	DDE:	02554	
	EILLY II, TYPE THAEL	OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	R EMAIL ADDRESS			•
	LICENSED PREMISE					
	HE REAR OF EXISTING FLOOR. 2ND FLR; S		1ST FLOOR: I	KITCHE	EN, DINING	ROOM,
I hereby certify and	swear under penalties o	f perjury that:				
	ved license will be of the		_			
	see has complied with a			elating to	taxes; and	
3. the premi	ises are now open for bu	usiness (If not ex	xplain below)			
SIGNED BY						
SIGINED DI	Individual, Partner of	r Authorized Co	rporate Officer			
DATE:	TELEPHONE	NUMBER:	EM	IPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: ]	NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the h	ead of the fire	departr	nent for the	above
Please Check Below:			LOCAL I	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	• >					
(If disapproved expl	aın)		-			
DATE:						



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LICENSE NUM	ABER: 076200055		C	TY OR TOWN	NANTUCK	ŒΤ
APPLICATION	FOR RENEWAL:	Annu	al	LICEN	SED FOR 20	)13
		CLAS	SS			YEAR
DOING BUSIN	ME: BYRON L. SY IESS A WASHINGTON ST.	'LVARO POST #8	2 AM. LI	EGION INC.		
	NANTUCKET	STATE:	MA	ZIP CODE:	02554	
MANAGER:		TYPE OF LICENS	SE:Club		ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		_
DESCRIPTION	OF LICENSED PRE	EMISES:				
	2 FLOORS. FIRST F SECOND FLOOR; S			CHEN, BAR, LO	UNGE, 2	
I hereby certify	and swear under pena	lties of perjury that	t:			
1. the r	enewed license will be	e of the same type	for the sar	ne premises now	licensed;	
2. the 1	icensee has complied	with all laws of the	Commor	wealth relating t	o taxes; and	
3. the p	premises are now open	n for business (If no	t explain	below)		
SIGNED BY	Individual, Par	rtner or Authorized	Corporat	e Officer		
D + mp						
DATE:	TELEPH	HONE NUMBER:			R IDENTIFICAT dividual Social S	
				·		,
Acts of 2004, s	signed, attest that we signed by the building and (2) the certificat	g inspector and th	e head of	the fire depart	ment for the	above
Please Check Belov	<u>w:</u>		]	LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			]	By:		
DISAPPROVE (If disapproved						
(11 disapproved	eapiaiii)					
DATE:						
APPLICATION FOR I	RENEWAL MUST BE FILED	BY LICENSEES DURING	THE MONT	TH OF NOVEMBER (N	1.G.L. Ch. 138 \$ 16	5A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	076200064		CITY OR TOV	WIN MANTUC.	NE I
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 2 LOVER	S LANE				
CITY/TOWN: NAN	ГИСКЕТ	STATE: MA	ZIP CODE	2: 02554	
MANAGER: ELAH	I, MANJOR	ΓΥΡΕ OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRE	MISES:			
		G. STORAGE AREA V D 12' LONG. EXIT IN		GARAGE DOOF	RS.
	es are now open	vith all laws of the Confor business (If not exp	olain below)	ng to taxes; and	
	,				
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICA	
Please Check Below: APPROVED:	٦		LOCAL LICE	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved explai	n)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 076200065		CITY OR TOWN NANTUCKET	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE N.	AME: MURRAYS BEVERAC	E STORE,INC.		
DOING BUSI	NESS A MURRAYS BEVERA	GE STORE		
ADDRESS 23	MAIN ST			
CITY/TOWN:	: NANTUCKET S	TATE: MA	ZIP CODE: 02554	
MANAGER:	MURRAY, DAVID TYPE OF H JR.	FLICENSE: Pack	cage Store CATEGORY: All Alco	hol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISES:			
FIRST FLOOI	R; RETAIL, CELLAR AND STO	DRAGE		
I hereby certify	y and swear under penalties of pe	erjury that:		
1. the	renewed license will be of the sa	me type for the s	same premises now licensed;	
2. the	licensee has complied with all la	ws of the Comm	onwealth relating to taxes; and	
3. the	premises are now open for busin	ess (If not explain	in below)	
SIGNED BY				
SIGINED DI	Individual, Partner or A	uthorized Corpor	rate Officer	
DATE:	TELEPHONE NU	MBER:	EMPLOYER IDENTIFICATION NUMB	ER:
			(Note: NOT Individual Social Security Num	ber)
Please Check Bel	ow.		LOCAL LICENSING AUTHORITY	
APPROVED:			LOCAL LICENSING AUTHORITY By:	
DISAPPROVI	ED:		By.	
(If disapprove	d explain)			-
				-
D 4 500				-
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 076200066		CITY OR TOWN	NANTUCE	XE I
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSIN	ME: THE ISLANDER,INESS A THE ISLANDER OLD SOUTH ROAD				
	NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER:		PE OF LICENSE: Pac		CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		1
	N OF LICENSED PREMIS DING, FIRST FLOOR SA				
2. the l	renewed license will be of the licensee has complied with premises are now open for	all laws of the Combusiness (If not expl	monwealth relating ain below)		
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT ndividual Social S	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 0/620006/		CITY OR TOWN NAMED	CKEI
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: BUTNELL P			
	3 ORANGE ST			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER:	BROWNELL, JUDITH C	TYPE OF LICENSE: Pa	ckage Store CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
MAIN SALES	FLOOR, COOLER,S	STORAGE AND OFFICE	E AND RESTROOMS	
	premises are now ope	en for business (If not exp		<b>.</b>
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Belo	DW:		LOCAL LICENSING AUT By:	HORITY
DISAPPROVE			•	
(If disapproved	l explain)			
DATE:				



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LICENSE NUMBER: 076200082	CIT	Y OR TOWN NANTUCKET
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: NANTUCKET	RESTAURANT MANAGEM	MENT CORPORATION
DOING BUSINESS A THE FAREGO	ROUNDS RESTAURANT	
ADDRESS 27 FAIRGROUNDS ROA	AD	
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554
MANAGER: PUDER, KIMBERLY	ΓΥΡΕ OF LICENSE: Restaura	nt CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMAIL A	DDRESS
DESCRIPTION OF LICENSED PRE		
TWO STORY BUILDING: FIRST FI RESTROOMS, KITCHEN, HALLWA OFFICE, RESTROOM; BASEMENT	AY, STORAGE AREA, PATI	
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	• •	•
2. the licensee has complied v		
3. the premises are now open	for business (If not explain be	elow)
	for business (If not explain be	elow)
SIGNED BY	tner or Authorized Corporate	
SIGNED BY		
SIGNED BY		
SIGNED BY Individual, Part	tner or Authorized Corporate (	
SIGNED BY Individual, Part		Officer
SIGNED BY  Individual, Part  DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building	one number:  are in possession (1) the certs inspector and the head of the	Officer  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  tificate required by Chapter 304 of the
SIGNED BY  Individual, Part  DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate	one number:  are in possession (1) the certs inspector and the head of the of liquor liability insurance.	Officer  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  tificate required by Chapter 304 of the he fire department for the above
SIGNED BY  Individual, Part  DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:	one number:  are in possession (1) the certs inspector and the head of the of liquor liability insurance.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Elificate required by Chapter 304 of the he fire department for the above erequired by Chapter 116 of the Acts  OCAL LICENSING AUTHORITY
SIGNED BY  Individual, Part  DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	one number:  are in possession (1) the certs inspector and the head of the of liquor liability insurance.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Elificate required by Chapter 304 of the he fire department for the above erequired by Chapter 116 of the Acts  OCAL LICENSING AUTHORITY
SIGNED BY  Individual, Part  DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:	one number:  are in possession (1) the certs inspector and the head of the of liquor liability insurance.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Elificate required by Chapter 304 of the he fire department for the above erequired by Chapter 116 of the Acts  OCAL LICENSING AUTHORITY
SIGNED BY  Individual, Part  DATE:  TELEPH  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	one number:  are in possession (1) the certs inspector and the head of the of liquor liability insurance.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  Elificate required by Chapter 304 of the he fire department for the above erequired by Chapter 116 of the Acts  OCAL LICENSING AUTHORITY



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LICENSE NU	MBER: 076200084		CITY OR TOWN NANTU	CKET
APPLICATIO:	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: Blazeworks,	, LLC		
DOING BUSI	NESS A Pi Pizzeria	ı		
ADDRESS 11	WEST CREEK RO	AD		
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER:	COSTANZO, MARIA	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
SINGLE STOI STORAGE	RY BUILDING, TH	REE ROOMS WITH 38 SE.	AT CAPACITY. CELLAR U	SED FOR
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	d
3. the	premises are now of	pen for business (If not expla	in below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpor	rate Officer	
DATE				
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
			(170te. 1701 marviduai 50cia	il Security (validet)
Acts of 2004,	signed by the build	ling inspector and the head	certificate required by Cha of the fire department for the	he above
of 2010.	e and (2) the certifi	cate of inquor natimity insur	rance required by Chapter 1	10 of the Acts
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



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LICENSE NUMI	3EK: 0/6200086		CITY OR TOWN	NANTUCKET
APPLICATION I	FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
	ME: NANTUCKI	ET REGAL GROUP LLC		
ADDRESS 14 Al	RPORT ROAD			
CITY/TOWN: N	NANTUCKET	STATE: MA	ZIP CODE:	02554
	KEHEL, HRISTOPHER	TYPE OF LICENSE: Re	staurant CA	TEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION (	OF LICENSED PI	REMISES:		
areas, on 1st & 2n	d floors,basement h patio & through	en, bar area, table seating a ,patio,4 entrances/exits inc kitchen area. RESTAURA	luding 1 through airpo	rt terminal,restaurant
I hereby certify a	nd swear under pe	nalties of perjury that:		
1. the rea	newed license will	be of the same type for the	e same premises now l	icensed;
2. the lic	ensee has complie	d with all laws of the Com	monwealth relating to	taxes; and
3. the pro	emises are now op	en for business (If not expl	ain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	orate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER I	DENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004, sig	ned by the build	ve are in possession (1) thing inspector and the heate at each of liquor liability insu	d of the fire departm	ent for the above
Please Check Below:			LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED			-	
(If disapproved ex	xplain)			
DATE				
DATE:				



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LICENSE NUMBE	R: 076200091		CITY OR TOWN	NANTUCI	KET
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: TANKER, INC.				
DOING BUSINESS	S A SEA GRILLE R	ESTAURANT			
ADDRESS 45 SPA	RKS AVENUE				
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: HAI L.	RVEY, ROBIN TY	PE OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMI				
FIRST FLOOR OF	A TWO STORY BL	DG., KITCHEN, DI	NING ROOM, RES	ΓROOMS.	
<ol> <li>the renev</li> <li>the licen</li> </ol>		f the same type for the h all laws of the Con	ne same premises now nmonwealth relating to plain below)		
	Individual, Partne	er or Authorized Corp	porate Officer		
DATE:	TELEPHON	NE NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signe	ed by the building in	spector and the he	he certificate requir ad of the fire depart surance required by	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(II disuppioved exp.	<i>)</i>				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/6200096		CITY OR TOWN NANTUCE	XE I
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	)13
	CLASS		YEAR
LICENSEE NAME: A.L.M.SPIRITS DOING BUSINESS A NANTUCKET			
ADDRESS SPARKS AVE			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER: WALSH, MARY F. 7	ΓΥΡΕ OF LICENSE: Paci	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREI			
CORNER SHOP, FIRST FLOOR, 984	SQUARE FEET.		
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be		=	
2. the licensee has complied v	vith all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY Individual, Part	mer or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 076200116		CITY OR TOWN NANTUC	CKET
APPLICATION FOR RENEWAL:	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MADDEQU	ET ADMIRALTY ASSOC	IATION	
DOING BUSINESS A			
ADDRESS 15 TENNESSEE AVE	,		
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER: ERICHSEN, THOMAS B.	TYPE OF LICENSE: Clu	db CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED P			
ONE STORY FRAME BLDG, LA	RGE MEETING ROOM, K	ITCHEN AND RESTROOMS	_
			_
I hereby certify and swear under pe	- v ·	some mamices now licensed.	
	• •	same premises now licensed; nonwealth relating to taxes; and	ı
•	pen for business (If not explain	· ·	•
		ani ociow)	
SIGNED BY			
Individual, l	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that a Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	l of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		<del></del>	
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:076200118		CITY OR TOW	N NANTUC	KET
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	LUCKY CORPOR	RATION			
DOING BUSINESS	A LUCKY EXPRE	ESS			
ADDRESS 13 WEST	CREEK RD				
CITY/TOWN: NAN	TUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: THAI PATA		PE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
TWO STORY WOO					ROOM
2. the license	e has complied with	f the same type for the h all laws of the Corr business (If not exp	nmonwealth relatir		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICA: Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMI	BEK: 0/6200120		CITY OR TOWN INP	INTUCKET
APPLICATION 1	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
	ME: ORBRIEO, I ESS A FIFTY-SIX			
ADDRESS 56 U				
CITY/TOWN: N		STATE: MA	ZIP CODE: 02	2554
$\mathbf{J}_{L}$	CLINTON- ANNELLE, VENDY J.	TYPE OF LICENSE: Res	taurant CATE	GORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION (	OF LICENSED PR	REMISES:		
		NT DINING ROOM 50 SE FACING UNION ST. TH		
I hereby certify a	nd swear under per	nalties of perjury that:		
1. the rea	newed license will	be of the same type for the	same premises now licer	nsed;
2. the lic	ensee has complied	d with all laws of the Comm	nonwealth relating to tax	es; and
3. the pro	emises are now ope	en for business (If not expla	nin below)	
SIGNED BY	Individual D	artner or Authorized Corpo	rata Officar	
	marviduai, r	armer of Aumorized Corpc	rate Officer	
DATE:			EMBLOVED IDE	AITIEICATION ALIMPED.
DATE.	TELEP	PHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
			(1000. <u>1101</u> marvida	ar social security (vullber)
Acts of 2004, sig	gned by the buildi	re are in possession (1) the ng inspector and the head ate of liquor liability insu	of the fire department	for the above
Please Check Below:	<u>:</u>		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED			•	
(If disapproved e	xplain)			
DATE:				



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LICENSE NUMBE	2K: 0/6200122		CITY OR TOWN	NANTUCKET
APPLICATION FO	OR RENEWAL	: Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: R.J. DIAMO	OND, INC		
DOING BUSINESS	S A A.K. DIAN	MONDS		
ADDRESS 16 MA	CY LANE			
CITY/TOWN: NA	ANTUCKET	STATE: MA	ZIP CODE:	02554
MANAGER: DIA	AMOND, CHARD	TYPE OF LICENSE: R	Restaurant (	CATEGORY: All Alcohol
EMAIL ADDRESS	<b>S</b> :			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED P	REMISES:		
DINING ROOM, P	REP FACILIT	TURE WITH FULL CEL Y, 2 MEANS OF EGRES NG ROOM, TWO BATH	S. CELLAR; STORA	
	nises are now op	ed with all laws of the Cor pen for business (If not exp	plain below)	to taxes; and
	Individual, l	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYI	ER IDENTIFICATION NUMBER:
	1222	THO LETTOWNER.	(Note: NOT I	ndividual Social Security Number)
Acts of 2004, sign	ed by the build	ing inspector and the he	ad of the fire depar	red by Chapter 304 of the tment for the above y Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	ISING AUTHORITY
(If disapproved exp	lain)			
DATE:				



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LICENSE NU	MBER: 076200129		CITY OR TOWN NANTUC	CKET
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: NANTUCKI	ET GOLF CLUB, INC.		
DOING BUSI	NESS A			
ADDRESS 25	0 MILESTONE RO	AD		
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER:	BRESETTE, THOMAS J.	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
		BHOUSE INCLUDING DIN MS AND ADJACENT LAW	NING ROOM AREA, BAR AF VN AND PATIO AREA	REA, ONE
		enalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	l
3. the	premises are now op	en for business (If not explain	in below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	certificate required by Chap of the fire department for the cance required by Chapter 1	ie above
Please Check Belo			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a expiain)			
			-	
DATE:				



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LICENSE NUMBE	R: 076200133		CITY OR TOWN	NANTUCKET
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: MAD JAM, IN	NC		
DOING BUSINESS	S A BAMBOO S	UPPER CLUB		
ADDRESS 2-4 CH	INS WAY			
CITY/TOWN: NA	NTUCKET	STATE: MA	ZIP CODE:	02554
	DDON, ANNON S.	TYPE OF LICENSE: RO	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
		FLOOR dINING ROOM UR 4 MEANS OF EGRE		OOM. SECOND
I hereby certify and	swear under pena	alties of perjury that:		
1. the renev	wed license will b	be of the same type for th	e same premises now	licensed;
2. the licen	see has complied	with all laws of the Com	monwealth relating t	o taxes; and
3. the prem	ises are now oper	n for business (If not exp	lain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corp	oorate Officer	
DATE:	TELEPI	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signe	ed by the buildin	g inspector and the hea	nd of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	iaiii)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 0/6200143		CITY OR TOWN	NANTUCE	XE I
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: BROOKLYN BOOKS, SS A ANNYE'S WHOLE F				
ADDRESS 14 AN	IELIA DRIVE				
CITY/TOWN: N	ANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: CA	AMARA, NANCY TYPE C	F LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS		
	F LICENSED PREMISES:				
FIRST FLOOR U	NIT OF A TWO UNIT CO	NDOMINIUM, 1	433 S/F.		
	nsee has complied with all limises are now open for busing the state of the state o	ness (If not expla	in below)	taxes; and	
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED:	<u></u>		LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:					
(If disapproved ex	piain)				
DATE:					



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LICENSE NUMBE	R: 076200150		CITY OR TOWN NANTUC	KET
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
	: ROBERT H. NOLL S A SOPHIE T'S PIZZ ES STREET			
CITY/TOWN: NA		STATE: MA	ZIP CODE: 02554	
	LL, ROBERT H. TYP			Wine and Malt Regular
EMAIL ADDRESS	:			
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		MAIL ADDRESS	
1. the renew 2. the licens		he same type for the all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signe	ed by the building ins	pector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUTH By:	IORITY
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER: 076200154		CITY OR TOWN NAM	TUCKET
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: FOUR WES	T CREEK L.L.C.		
DOING BUSINESS A KITTY M	URTAGH'S		
ADDRESS 4 WEST CREEK ROA	JD		
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 0255	4
MANAGER: GATELY, JOHN	TYPE OF LICENSE: Re	staurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED P			
TWO STORY, WOOD-FRAMED CAPACITY 56.	BUILDING, ONE ENTRA	NCE AND EXIT, SEATI	NG
<del></del>			
I handhy contify and arread under no	malting of manipum that		
I hereby certify and swear under pe	- v •	same premises now license	d·
	• •	nonwealth relating to taxes;	
•	pen for business (If not expl	•	
SIGNED BY			
Individual, l	Partner or Authorized Corpo	orate Officer	
DATE:			
TELE	PHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER:
			ocial security Traineer,
We the undersigned, attest that Acts of 2004, signed by the build	•	2 4	•
named license and (2) the certific	_	_	
of 2010.			
Please Check Below:		LOCAL LICENSING A	UTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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LICENSE NUMBER: 0762	.00162		CITY OR TOW	N NANTUCI	KET
APPLICATION FOR REN	EWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: ISLA	AND EVENT SER	VICES LLC			
DOING BUSINESS A STA	ARLIGHT THEAT	TRE & CAFE			
ADDRESS 1 N. UNION S'	ΓREET				
CITY/TOWN: NANTUCI	KET :	STATE: MA	ZIP CODE:	02554	
MANAGER: WATSON,	MARK TYPE O	F LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ALSO VISIT OUR WEBSITI		AIL ADDRESS		
DESCRIPTION OF LICEN					
THREE ROOMS, OUTSID SEVERAL EXITS	E PATIO, KITCH	EN, RESTROOM	M, BASE MENT	Γ FOR STORAC	GE,
T11					
I hereby certify and swear u 1. the renewed lice	•	•	same nremises n	now licensed:	
2. the licensee has		* -	•		
3. the premises are	-			-8	
SIGNED BY					
Indiv	vidual, Partner or A	Authorized Corpo	rate Officer		
DATE:			EMBLO	YER IDENTIFICAT	FION NILIMBED.
DATE.	TELEPHONE N	UMBER:		Individual Social S	
We the undersigned, attest Acts of 2004, signed by the	_		_	-	
named license and (2) the of 2010.			_		
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NU	MBER: 076200164		CITY OR TOWN NANTUC	CKET
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: THE BROTHE	ERHOOD OF THIEVES	RESTAURANT MGT GRP,	
DOING BUSI	NESS A THE BROTH	IERHOOD OF THIEVES	S	
ADDRESS 23	BROAD ST			
CITY/TOWN:	: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER:	KNAB, JEFFREY LEE	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
	premises are now open	with all laws of the Comn for business (If not expla		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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LICENSE NUMBER:	076200167		CITY OR TOWN	I NANTUCK	KET
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	EGB ENTERPRISE	S, INC			
DOING BUSINESS A	THE ROSE & CRO	OWN			
ADDRESS 23 SOUT	H WATER ST				
CITY/TOWN: NAN	TUCKET	STATE: N	AA ZIP CODE:	02554	
MANAGER: ULMI	ER, RICK TYPI	E OF LICENSE	E:Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
P	LEASE ALSO VISIT OUR WEE	BSITE AND ENTER YO	OUR EMAIL ADDRESS		_
DESCRIPTION OF L					
KITCHEN, DINING	ROOM, LOUNGE, S	STORAGE ARI	EA, OFFICE AND TW	O RESTROOI	MS
I hereby certify and sv	•	1 5 5		1:	
			r the same premises nov Commonwealth relating		
	es are now open for b		=	to taxes, and	
SIGNED BY					
	Individual, Partner of	or Authorized C	Corporate Officer		
DATE					
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT ndividual Social S	
			(110te. <u>1101</u> II	idividuai Sociai S	recurry Number)
			) the certificate requi		
			head of the fire depar insurance required by		
of 2010.				-	
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved expiai	ш <i>)</i>				
DATE:					



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LICENSE NUMBER: 076200171	CITY OR TOWN NANTUC	CKET
APPLICATION FOR RENEWAL:	Annual LICENSED FOR	2013
	CLASS	YEAR
LICENSEE NAME: MGILL CO, INC.		
DOING BUSINESS A THE HEN HOUSE		
ADDRESS 1 CHIN'S WAY		
CITY/TOWN: NANTUCKET	STATE: MA ZIP CODE: 02554	
MANAGER: GILLIES, TYPI MICHAEL J.	E OF LICENSE: Restaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WER	SITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISI		
COUNTER. EMERGENCY ENTRANCE, patio attached to building.5 tables with 4 cl	G. SEATING CAPACITY FOR 34 AT TABLES A EXIT AT SOUTHEAST FAÇADE.adding a 22 ft. nairs each. The walls will be cedar frncing:two walligh to control the area. We seat 38 people inside the	. by 25 ft. ls will be
I hereby certify and swear under penalties of	of perjury that:	
1. the renewed license will be of the	ne same type for the same premises now licensed;	
2. the licensee has complied with a	ill laws of the Commonwealth relating to taxes; and	d
3. the premises are now open for b	usiness (If not explain below)	
3. the premises are now open for e	asmoss (if not explain selow)	
SIGNED BY	or Authorized Corporate Officer	
SIGNED BY		
SIGNED BY	or Authorized Corporate Officer	
SIGNED BY  Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insp	or Authorized Corporate Officer  NUMBER: EMPLOYER IDENTIFICA	1 Security Number)  pter 304 of the ne above
SIGNED BY  Individual, Partner of the state	NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social In possession (1) the certificate required by Chaptector and the head of the fire department for the	1 Security Number)  pter 304 of the ne above 16 of the Acts
SIGNED BY  Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.  Please Check Below:  APPROVED:	NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social n possession (1) the certificate required by Chapter and the head of the fire department for the iquor liability insurance required by Chapter 1.	1 Security Number)  pter 304 of the ne above 16 of the Acts
SIGNED BY  Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social Individual Individual Social Individual Individual Social Individual Ind	1 Security Number)  pter 304 of the ne above 16 of the Acts
SIGNED BY  Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.  Please Check Below:  APPROVED:	NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social Individual Individual Social Individual Individual Social Individual Ind	1 Security Number)  pter 304 of the ne above 16 of the Acts
SIGNED BY  Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NUMBER:  EMPLOYER IDENTIFICATION (Note: NOT Individual Social Individual Individual Social Individual Individual Social Individual Ind	1 Security Number)  pter 304 of the ne above 16 of the Acts



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LICENSE NUMBER: 07620	0173		CITY OR TOV	WN NANTUC	CKET
APPLICATION FOR RENE	WAL:	Annual	LIC	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: QUEE DOING BUSINESS A QUE	~				
ADDRESS 6 OAK STREET					
CITY/TOWN: NANTUCK	ET	STATE: M	A ZIP CODE	i: 02554	
MANAGER: MONTGOM CAROLINE	ERY, TYPE	OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEASE AI	LSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDRESS		<u> </u>
DESCRIPTION OF LICENS	SED PREMISES	S:			
first floor: dining room, bar, premises located at 4 east che			ration, bakery, stora	nge arearestau	ırant
I hereby certify and swear un	der penalties of	perjury that:			
1. the renewed licen	se will be of the	e same type for	the same premises	now licensed;	
2. the licensee has c	omplied with al	l laws of the Co	mmonwealth relati	ng to taxes; and	
3. the premises are r	now open for bu	siness (If not ex	xplain below)		
SIGNED BY					
Indivi	dual, Partner or	Authorized Co	rporate Officer		
DATE:	TELEPHONE I	NIIMBER:	EMPLO	YER IDENTIFICA	TION NUMBER:
	TEEEI HOIVE	TOMBER.	(Note: <b>NO</b> )	$\underline{\Gamma}$ Individual Social	Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspe	ector and the h	ead of the fire dep	artment for th	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE					
DATE:					



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LICENSE NUMBER: 076200175	)	CITY OR TOWN NANTUCKET
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LOLA 41 DOING BUSINESS A LOLA 41 ADDRESS 15 South Beach St		
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554
MANAGER: COELHO, MARO		
	— THE OF LICENSE. Rest	laurant CATEGORT. All Alcond
EMAIL ADDRESS:	SIT OUR WEBSITE AND ENTER YOUR EM.	IAH ADDRESS
DESCRIPTION OF LICENSED		ALL ADDAESS
	ft inclusive of kitchen. Front d	loor with handicapped ramp . Second chen;OUTDOOR PATIO WITH
I hereby certify and swear under p	penalties of perjury that:	
2. the licensee has comple	ill be of the same type for the s lied with all laws of the Comm open for business (If not explain	nonwealth relating to taxes; and
SIGNED BY Individual	, Partner or Authorized Corpor	rate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number
Acts of 2004, signed by the buil	lding inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 076200181		CITY OR TOWN	NANTUCK	KET
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: NANTUCKET	TRADING POST INC			
DOING BUSIN	NESS A NANTUCKE	ET TRADING POST			
ADDRESS 12	NOBADEER FARM	ROAD			
CITY/TOWN:	NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER:	TRUDELL III, JOHN P.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PRI	EMISES:			
		D BUILDING WITH 3 I ERY) AND REAR (EM			<b>IG</b>
	premises are now oper	with all laws of the Com n for business (If not exp rtner or Authorized Corp	lain below)		
	marviauai, i ai	tiner of Authorized Corp	orate officer		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Belo APPROVED:	<u>ow:</u>		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVE	ED:		By:		
(If disapproved					
DATE:					



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LICENSE NUMBER: 0/6200184		CITY OR TOWN INF	ANTUCKET
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: TRIPLE EIGHT DOING BUSINESS A	'DISTILLERY LLC		
ADDRESS 5 BARTLETT FARM RD			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02	2554
MANAGER: LONG, DEAN T	YPE OF LICENSE: Po	uring Permit CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	of the same type for the	e same premises now lice	nsed;
2. the licensee has complied w	rith all laws of the Com	monwealth relating to tax	es; and
3. the premises are now open f	for business (If not expl	ain below)	
SIGNED BY Individual, Parti	ner or Authorized Corp	orate Officer	
DATE: TELEPHO	ONE NUMBER:		NTIFICATION NUMBER:
		(Note: NOT Individu	al Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the hea	d of the fire department	t for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(ii disappioved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED B	Y LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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LICENSE NUMBE	2K: 0/6200185		CITY OR TOW	N NANTUCI	NE I
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: NANTUCKET V	'INEYARD			
DOING BUSINES					
ADDRESS 5 BAR'	TLETT FARM ROA	ΔD			
CITY/TOWN: NA		STATE: MA	ZIP CODE:	02554	
MANAGER: LO		YPE OF LICENSE:Po		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	<b>ن</b>				
		WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	IISES:			
		ER OF NANATUCKE	ET VINEYARD F	RETAIL AREA	
		NG FENCE LINE, TU			
NORTHWEST CO	RNER OF DISTILL	ERY, TURNING EAS	ST 100 FEET TO	NORTHEAST	
		EADING NORTH TO			
		CKET VINEYARD P			
		.AREA CONSISTING FARMROOM CON			
			TAINS TWO EN	TRANCES AN	DEAIIS
•	l swear under penalti				
		of the same type for the	=		
2. the licer	isee has complied wi	th all laws of the Com	monwealth relatin	g to taxes; and	
3. the pren	nises are now open for	or business (If not expl	ain below)		
SIGNED BY					
D101(DD D1	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEDIIO	NIE NILIMDED.	EMPI O	YER IDENTIFICAT	TION NUMBER:
	TELEPHO	NE NUMBER:		Individual Social S	
			(2.555)	mar ridual Boolar S	jeeurity r variiser)
We the undersign	ed, attest that we a	re in possession (1) th	e certificate requ	uired by Chapt	ter 304 of the
		nspector and the hea			
	d (2) the certificate	of liquor liability insu	irance required	by Chapter 110	of the Acts
of 2010.					
Please Check Below:			LOCALLICE	NSING AUTH	ORITY
APPROVED:	]			1,511,6716111	OMI I
DISAPPROVED:	J		By:		
(If disapproved exp	lain)				
(11 disappioved exp	'1a111 <i>)</i>				
D 4 mm					
DATE:					



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 076200186	Cl	TTY OR TOWN NANTUC	KET
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CISCO BREWERS IN	NC		
DOING BUSINESS A			
ADDRESS 5 BARTLET FARM ROAD			
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE: 02554	
MANAGER: HUDSON, C. TYPE OR RANDOLPH	OF LICENSE: Pourin	g Permit CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI		ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
GARDEN AREA STARTING AT NORTH HEADING NORTH FOR 5 FT. AND TURN SOUTH FOR110 FT TO EDGE OF PATIO, BREWERY WALLTURNING NORTH ALC NORTHEAST CORNER OF RETAIL.	NING WEST ALON TURNING EAST T	G GARDEN FOR 60 FT, TU O SOUTHWEST CORNER	RNING
I hereby certify and swear under penalties of	neriury that:		
1. the renewed license will be of the		ne premises now licensed:	
2. the licensee has complied with all		=	
3. the premises are now open for bus	siness (If not explain	below)	
SIGNED BY			
Individual, Partner or	Authorized Corporat	e Officer	
DATE: TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspec			
named license and (2) the certificate of liq of 2010.		nce required by Chapter 110	
	uor liability insurar	nce required by Chapter 110  LOCAL LICENSING AUTH	of the Acts
of 2010.	uor liability insurar		of the Acts
of 2010.  Please Check Below: APPROVED: DISAPPROVED:	uor liability insurar	LOCAL LICENSING AUTH	of the Acts
of 2010.  Please Check Below: APPROVED:	uor liability insurar	LOCAL LICENSING AUTH	of the Acts



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	ON PREMISES	S LICENSE	RENE	EWAL AP	PLICA'	<u> TION</u>	
LICENSE NUMBER:	076200194			CITY OR	TOWN	NANTUCE	KET
APPLICATION FOR I	RENEWAL:	Annu	al		LICEN	SED FOR 20	)13
		CLAS	SS				YEAR
LICENSEE NAME:	FISH IN THE SPREA	AD LLC					
DOING BUSINESS A	12 DEGREES EAS	T					
ADDRESS 12 CAMBI	RIDGE STREET						
CITY/TOWN: NANT	CUCKET	STATE:	MA	ZIP C	ODE:	02554	
MANAGER: BAKE	R, JONAS M. TYPE	OF LICEN	SE:Res	taurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EM	IAIL ADDRESS			J
2. the licensee 3. the premises	ARGER SECTION OF THE PROPERTY	OF THE BUIL VERAGES YOUR ADD THE SO ON THE SO OTHE BUIL WALL AN If perjury that e same type Il laws of the usiness (If no	ILDING WITH I SITDO OUTH V LDING D ONE t: for the a	G, WESTS: MEALS1 WN DINN VALL THAONE LOO E ON THE same prem nonwealth r in below)	IDE, THE IDE WITH ALS CATED WEST ises now relating	EAST ROOM FH FULL O SERVE AS ON THE NO	R M THERE S FIRE
	individual, Partner of	r Authorized	Corpo	rate Office	Γ		
DATE:	TELEPHONE	NUMBER:				R IDENTIFICAT dividual Social S	
We the undersigned, Acts of 2004, signed I named license and (2) of 2010.	by the building insp	ector and th	e head	of the fire	depart	ment for the	above
Please Check Below:				LOCAL	LICEN	SING AUTHO	ORITY
APPROVED:	٦			By:			
DISAPPROVED:				_			
(If disapproved explain	IJ						

DATE:			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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NOTE NOTE	ON PREM	ugeg i igenge	DENEX	UAL ADDITO	AFFION	
	ON PREMISES LICENSE RENEWAL APPLICATION					
LICENSE NUMBER:	: 076200195		C	TITY OR TOW	N NANTUCE	KET
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A		ND LLC				
ADDRESS 17 OLD S	SOUTH ROAD					
CITY/TOWN: NAN	TUCKET	STATE:	MA	ZIP CODE:	02554	
MANAGER: FUSA	RO, THOMAST	YPE OF LICEN	SE:Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER	YOUR EMA	L ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	MISES:				
RESTROOMS ON THE ACH OF THE NOR PATIO FOR DINING CONSISTS OF AN OAND A PREP AREA BUILDING.	TH, WEST AND GOFF THE NOR' OFFICE, DRY STO	SOUTH FACIN TH FACING SII ORAGE, WALK	IG SIDE DE OF TI IN REF	S OF THE BLI HE BLDG. TH RIGERATOR,	OG.THERE IS A E BASEMENT LAUNDRY AI	ALSO A
I hereby certify and sv	wear under penalti	ies of perjury tha	t:			
1. the renewe	ed license will be	of the same type	for the sa	me premises n	ow licensed;	
2. the license	e has complied wi	ith all laws of the	Commo	nwealth relatin	g to taxes; and	
3. the premise	es are now open f	for business (If no	ot explain	below)		
SIGNED BY						
SIGIVED DI	Individual, Partr	ner or Authorized	Corpora	te Officer		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	ecurity Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building i	inspector and th	e head o	f the fire depa	rtment for the	above
Please Check Below:				LOCAL LICE	NSING AUTHO	ORITY
APPROVED:				By:		
DISAPPROVED:						

(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONT	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



# The Commonwealth of Massachusetts

Alcoholic Be	verages Contr 9 Causeway S Boston, MA 02 ww.mass.gov	ol Commission treet 114		
ON PREMISES	LICENSE RENI	EWAL APPLICA	<u>TION</u>	
LICENSE NUMBER: 076200196		CITY OR TOWN	NANTUCK	KET
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ROCO LLC DOING BUSINESS A PAZZO				
ADDRESS 130 PLEASANT ST				
CITY/TOWN: NANTUCKET	STATE: MA	ZIP CODE:	02554	
MANAGER: AMODIO, KATE TYPE O MARIE	OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISES 2 ENTRANCES, 1 IN FRONT AND 1 IN BABATHROOMS. 1250 SF I hereby certify and swear under penalties of plant the renewed license will be of the 2. the licensee has complied with all 3. the premises are now open for bus	perjury that: same type for the laws of the Comm	same premises now	v licensed;	
SIGNED BY Individual, Partner or A	Authorized Corpo	rate Officer		
DATE: TELEPHONE N	UMBER:		R IDENTIFICAT dividual Social S	
We the undersigned, attest that we are in pacts of 2004, signed by the building inspectament license and (2) the certificate of liquof 2010.	tor and the head	of the fire depart	ment for the	above
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	DRITY

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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NO.	ON PREM	MISES LICENSE I	RENEWAL APPLICATI	<u>ON</u>
A ACENICE NUM	DED 07.000000		CUTY OF TOWN	NANTHOWET
LICENSE NUM	BER: 076200200		CITY OR TOWN	NANTUCKET
APPLICATION	FOR RENEWAL:	Annual		ED FOR 2013
		CLASS		YEAR
	ME: FOG MANAGI			
	ESS A FOG ISLAND	) GRILL		
ADDRESS 5 AN	MELIA DRIVE			
CITY/TOWN:	NANTUCKET	STATE: 1	MA ZIP CODE:	02554
	DAWSON, ANNE T BLAKE	ΓΥΡΕ OF LICENS!	E:Restaurant CA	TEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
	OF LICENSED PRE			
	KITCHEN & TAKE		ONT PATIO RECEPTION NTER2652 SQ FT6	N AREA
I hereby certify a	and swear under penal	ties of perjury that:		
1. the re	enewed license will be	of the same type fo	r the same premises now l	icensed;
	=		Commonwealth relating to	taxes; and
3. the pr	remises are now open	for business (If not	explain below)	
SIGNED BY	Individual, Par	ner or Authorized C	Corporate Officer	
DATE:	TELEDIA		EMPI OVER I	IDENTIFICATION NUMBER:
211121	TELEPH	ONE NUMBER:		vidual Social Security Number)
Acts of 2004, si	gned by the building	inspector and the	<ol> <li>the certificate required head of the fire departm insurance required by C</li> </ol>	ent for the above
Please Check Below	<u>/:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED: [			By:	
DISAPPROVEI				
(If disapproved of	expiain)		_	

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



DISAPPROVED:

# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

O SACHISE COS		www.mass.gov	v/abcc		
NO NO	ON PREMIS	SES LICENSE REN	EWAL APPLI	<u>CATION</u>	
LICENSE NUMBER: 076	200202		CITY OR TO	WN NANTUC	KET
APPLICATION FOR REI	NEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: THE DOING BUSINESS A	E RESTAURA	NT AT EASTON ST	TREET LLC		
ADDRESS 77 EASTON S	STREET				
CITY/TOWN: NANTUC	CKET	STATE: MA	ZIP CODE	E: 02554	
MANAGER: HOLMES H.	, JAMES TYI	PE OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMIS	SES:			
HOTEL CONSISTING O 45 GUEST SUITES; 1ST POOL DECK; AND COV FIRST FLOOR BALLRO (SEATING CAPACITY OF EGRESSES.	FLOOR INCL ERED DECKS OM (SEATING	UDING LOBBY/CA S (WITH COMBINE G CAPACITY OF 30	AFÉ/LOUNGE/B ED SEATING CA DO); AND 4TH F	SAR, POOL ARE APACITY OF 23 FLOOR BAR AN	EA AND (4) ; AND (D DECK.
I hereby certify and swear	under penalties	of perjury that:			
1. the renewed lic	ense will be of	the same type for the	e same premises	now licensed;	
2. the licensee has	s complied with	all laws of the Com	monwealth relat	ing to taxes; and	
3. the premises ar	e now open for	business (If not exp	lain below)		
GIGNED DV					
SIGNED BY Ind	ividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT ${f T}$ Individual Social ${f S}$	
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building in	spector and the hea	d of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		

(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONT	CH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc					
ON PREMISES LICENSE	RENEWAL APPLICATION				
LICENSE NUMBER: 076200203	CITY OR TOWN NANTUCKET				
APPLICATION FOR RENEWAL: Annu	al LICENSED FOR 2013				
CLAS	SS YEAR				
LICENSEE NAME: SEA DOG NANTUCKET LLC					
DOING BUSINESS A SEA DOG BREW PUB					
ADDRESS 15 SOUTH WATER ST					
CITY/TOWN: NANTUCKET STATE:	MA ZIP CODE: 02554				
MANAGER: PALACIO- BERSSEN, MICHELLE	SE:Restaurant CATEGORY: All Alcohol				
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS				
DESCRIPTION OF LICENSED PREMISES:					
MAIN ENTRANCE FROM SO WATER ST TO FIRST LEFT AND RIGHT OF BAR. DINING ROOM AND K OF 1ST FLOOR. EMERGENCY EXITS FROM DININ AREA SECOND FLOOR CONTAINS OFFICE, RECO	ITCHEN LOCATED IN CENTER AND REAR NG ROOM AND KITCHEN INTO PARKING				
I hereby certify and swear under penalties of perjury tha	t:				
1. the renewed license will be of the same type	for the same premises now licensed;				
2. the licensee has complied with all laws of the	e Commonwealth relating to taxes; and				
3. the premises are now open for business (If no	ot explain below)				
SIGNED BY Individual, Partner or Authorized	Corporate Officer				
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below: APPROVED: DISAPPROVED: (If disapproved complete)	LOCAL LICENSING AUTHORITY By:
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MON	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



STORYEAL TO SEACHUSE CO.		mmonwealth of Mac c Beverages Control 239 Causeway Str Boston, MA 0211 www.mass.gov/a	l Commission eet 14	
	ON PREMIS	SES LICENSE RENEV	WAL APPLICATION	
LICENSE NUMBE	R: 076200204	(	CITY OR TOWN NANTUCK	ET
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICENSED FOR 20	13 YEAR
DOING BUSINESS ADDRESS 38 MAI			ZID CODE: 02554	
CITY/TOWN: NA MANAGER: GOI EMAIL ADDRESS	LDBERG, CARL TY	PE OF LICENSE: Resta		All Alcohol
DESCRIPTION OF RESTAURANT W. FOODENTRANC PATIO, PATIO HA I hereby certify and 1. the renev 2. the licen	PLEASE ALSO VISIT OUR VEY LICENSED PREMITH TABLE AND BY VEXIT ON MAIN STANDS ONE EXIT TO All swear under penalties wed license will be of see has complied with	AR SEATING, OUTDOTREETTWO EXITS IN LLEY s of perjury that: The same type for the same	OOR PATIO AND TO GO N BK, ONE TO ALLEY; ONE To name premises now licensed; onwealth relating to taxes; and	ΓΟ
SIGNED BY	Individual, Partne	r or Authorized Corpora	ate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATI (Note: <b>NOT</b> Individual Social Se	

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)
The Commonwealth of Me Alcoholic Beverages Control 239 Causeway St. Boston, MA 021 www.mass.gov/s	ol Commission reet 114 a <mark>bcc</mark>
LICENSE NUMBER: 076200205	CITY OR TOWN NANTUCKET
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: JOSEPH V. ARNO DOING BUSINESS A ARNO'S BREAKFAST AND SEAFOO	DD RESTAURANT
ADDRESS 41 MAIN STREET	
CITY/TOWN: NANTUCKET STATE: MA	ZIP CODE: 02554
MANAGER: ARNO, JOSPEH V. TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO AND A HALF STORY BUILDING WITH APPROX. 17 SECOND FLOORS. DINING AND BAR ON FIRST AND SECOND FLOORS, THIRD STORAGE, BAS MAIN ENTRANCE IN FRONT, SIDE ENTRANCE (ON LEF UPSTAIRS. TWO ADDITIONAL EXITS ( STAFF AND EME TO REAR.	COND FLOORS, KITCHEN AT REAR SEMENT OFFICE AND STORAGE. T SIDE OF FRONT) TO STAIRS AND
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the s	ame premises now licensed;
2. the licensee has complied with all laws of the Comme	onwealth relating to taxes; and

3. the premises are now open for business (If not explain below)

SIGNED BY	Individual, Partner or Authorized Corpor	ate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT. Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	•
(If disapproved explain)	
DATE:	